

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38500 (5)

1. Corporation Name  
MCLURE OIL COMPANY, INC.

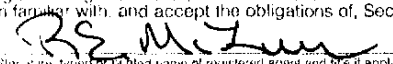


Principal Place of Business POST OFFICE BOX 820759 NORCROSS GA 30092	Mailing Address POST OFFICE BOX 820759 NORCROSS GA 30092-0759
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2. Principal Place of Business 21 2394 Mt. Vernon Rd Suite, Apt. #, etc. 22 220 City & State 23 Dunwoody GA. Zip 24 30338		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/20/1992		3a. Date of Last Report 04/12/1996	
				4. FEI Number 58-1666129		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MCLURE, R. E. 602 2ND AVE. MARIANNA FL 32446				10. Name and Address of New Registered Agent 81 Name R. E. McLure 82 Street Address (P.O. Box Number is Not Acceptable) 4320 2ND AVE. 83 84 City Marianna, FL 85 Zip Code 32446			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCLURE, R. E.			1.2 NAME			
STREET ADDRESS	602 2ND AVE.			1.3 STREET ADDRESS	4320 2ND AV.		
CITY-ST-ZIP	MARIANNA FL			1.4 CITY-ST-ZIP	MARIANNA, FL. 32446		
TITLE	DVC	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCLURE, JANIE			2.2 NAME			
STREET ADDRESS	6112 FOREST HILLS DR.			2.3 STREET ADDRESS	10715 Centennial Drive		
CITY-ST-ZIP	NORCROSS GA			2.4 CITY-ST-ZIP	Alpharetta GA. 30202		
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCLURE, JANIE			3.2 NAME			
STREET ADDRESS	6112 FOREST HILLS DR.			3.3 STREET ADDRESS	10715 Centennial Dr.		
CITY-ST-ZIP	NORCROSS GA			3.4 CITY-ST-ZIP	Alpharetta GA. 30202		
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCLURE, R. E.			4.2 NAME			
STREET ADDRESS	602 2ND AVE.			4.3 STREET ADDRESS	4320 2ND AV.		
CITY-ST-ZIP	MARIANNA FL			4.4 CITY-ST-ZIP	Marianna, FL. 32446		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

Date Daytime Phone #

0011236

CR2E034 (9/96)